

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of _____

Case Number: _____

**CONSENT OF SPOUSE TO NAME
CHANGE OF AN ADULT AND
WAIVER OF NOTICE**

Name of Applicant

REQUIRED INFORMATION FROM SPOUSE, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

☐ I am the spouse of the applicant.

2. I have read the Application for Name Change and consent to changing my spouse's name to:

3. I waive notice of all further proceedings in this matter.

OATH OF THE SPOUSE

**STATE OF ARIZONA)
MARICOPA COUNTY)ss.**

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____

SUBSCRIBED AND SWORN to me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____

NOTARY PUBLIC: _____